



NCLEX TESTING ACCOMMODATIONS REQUEST INSTRUCTIONS

SPECIAL ACCOMMODATION INFORMATION

The Indiana State Board of Nursing works with the National Council of State Boards of Nursing (NCSBN) to provide NCLEX testing accommodations to qualified candidates with documented disabilities in accordance with the [Americans with Disabilities Act](#) (ADA) of 1990.

Disability is defined in the American Disability Act with respect to an individual as a “physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.” Major life activities in general, include, but are not limited to, “caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.”

REQUIREMENTS

To request testing accommodations, applicants must submit the following:

1. A signed letter identifying the diagnosis **or** Form A - completed by a qualified healthcare provider with expertise in the area of the diagnosed disability or interpretation of results.
2. A signed letter **or** Form B - completed by the applicant’s Nursing program identifies the accommodations provided during nursing school. If no prior testing accommodations were provided, the applicant might so indicate by signing the bottom of Form B.
3. A signed letter of request **or** Form C - completed by the applicant with a statement to explain the nature of the disability and the specific accommodation(s) being requested.

Forms for all three required documents are provided in this packet. The applicant, healthcare provider, and nursing program representative may also each provide their required information in signed letters instead. Applicants are solely responsible for any costs may incur in obtaining the required documentation.

Applicants may submit all the documents online via MyLicense, by email to pla2@pla.in.gov, or by mail to the Indiana Professional Licensing Agency, 402 W Washington St, W072, Indianapolis, IN 46204.

OTHER INFORMATION

It is the applicant’s responsibility to notify the Board of needed alternative arrangements. To facilitate the review of the request, an applicant should submit all the request forms/letters and required documentation at the onset of the application process.

Please allow adequate time to obtain all relevant documents for processing by Board. Upon receipt and review of all necessary documents, Board staff may contact you with questions or request you provide additional documentation to support your request. All requests will be considered on a case-by-case basis.

In order to grant testing accommodations, the Board must submit documentation to NCSBN after the initial reviewing process. Applicant must complete their NCLEX registration and pay the exam fee to Pearson Vue before such a procedure can occur.

Accommodations will not be provided at the examination site unless all required information is received, processed and the accommodation has been granted as listed on the Authorization-to-Test (ATT) prior to the test date.

Do not schedule an appointment to take the NCLEX until accommodations have been granted and listed on the ATT or you have received a finalized approval or denial of your accommodation request from a staff member.

Any modifications to granted accommodations must be submitted in writing with applicable documentation in a timely manner for processing and approval by the Board. If a test date has been set, the Exam appointment must be unscheduled before any modification can occur. If an ATT was granted prior to such modifications request, the ATT shall be retracted, and a new ATT will be issued with updated accommodations.

On reexamination, applicants will receive the same accommodations as initially granted unless requesting a change in the accommodation originally provided. Any modifications to the original request require the submission of a new accommodation request and applicable documentation.

If you have questions about requesting testing accommodations documentation, please visit us online at www.pla.in.gov or contact us by phone at (317) 234-2043 or by email at pla2@pla.in.gov.

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Mike Braun
Governor of Indiana
Lindsay M. Hyer
IPLA Executive Director

NCLEX TESTING ACCOMMODATIONS – FORM A

Instructions: This form should be completed by a qualified healthcare provider with expertise in the area of the diagnosed disability or interpretation of results. The provider may provide the required information in their own signed letter instead.

Applicant Name: _____ Date of Birth: _____
(Last, First Middle) (MM/DD/YYYY)

1. Describe the applicant's specific diagnosis or type of disability (e.g., physical, mental, learning), including DSM code, if applicable, the date of initial diagnosis, respective date of assessment, the tests used to assess the disability, and a summary of the interpretation of the test results (Attach extra sheets as needed).
2. Describe the nature, history, and extent of the disability, how it limits one or more of the applicant's major life activities, and if the disability will change in any way over time. In case of a learning disability, include specifics about the type of disability (e.g., visual or auditory reception or perception, processing, memory, comprehension, verbal or written expression, etc.).
3. Given the format of the examination, what is the recommended accommodation(s), and how does the accommodation(s) relate to the applicant's disability given? The request must be specific (e.g., if additional time is needed, indicate how much).

Applicant Name: _____ Date of Birth: _____
(Last, First Middle) (MM/DD/YYYY)

4. Please describe your credentials, education, and experience which qualify you to make this diagnosis and recommendations for testing.

I certify that I have the necessary specialized training to make the above diagnosis, that I personally examined the candidate named above, and that the diagnosis and assessment of modification requested are based on my professional judgment. I understand that the Indiana Board of Nursing may contact me to obtain additional information or obtain an independent assessment by a second professional.

Name of Provider: _____ Title: _____

Facility or Entity: _____

Address: _____ Phone: _____

Type of Professional License and No.: _____ Expiration Date: _____

Provider's Signature: _____ Date: _____

INFORMATION FOR MEDICAL PROVIDERS

Description of Qualified Healthcare Providers

1. For physical or mental disabilities other than learning disabilities - a licensed physician or psychologist with expertise in the area of disability.
2. For learning disabilities - a qualified provider is one of the following:
 - a) A licensed psychologist or psychiatrist who has experience working with adults with learning disabilities or
 - b) Another qualified professional with a master's or doctorate degree in special education, education, psychology, educational psychology, or rehabilitation counseling who has the training and experience in all the areas below:
 - Assessing intellectual ability level and interpreting tests of such ability
 - Screening for cultural, emotional, and motivational factors
 - Assessing achievement level
 - Administering tests to measure attention and concentration, memory, language reception and expression, cognition, reading, spelling, writing, and mathematics.

Format of Examination

The examination contains objective multiple-choice questions, which are administered by computer in an adaptive format. The examination does not require knowledge of computer operation. The number of questions may vary from a minimum of 85 to a maximum of 150. Standard testing time is a maximum of 5 hours in one day, including the tutorial, sample items, and all rest breaks. There will be a 10-minute break at the end of two hours of testing and an optional 10-minute break at the end of 3 ½ hours of testing. The computer selects questions based on responses to previous questions. Thus, depending on candidates' patterns of correct and incorrect responses, different candidates will take varying numbers of questions and use varying amounts of time.

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NCLEX TESTING ACCOMMODATIONS – FORM B

Instructions: This form should be completed by the disability coordinator, dean, director, or an authorized representative of the nursing education program where the applicant attended. The representative may complete this form or provide the required information in a signed letter. If no testing accommodations were provided to the applicant during nursing school, the applicant must so indicate by signing the bottom of the form.

Applicant Name: _____ Date of Birth: _____
(Last, First Middle) (MM/DD/YYYY)

1. Identify detailed diagnosis and accommodations that were provided while applicant attended the nursing program.
2. Describe the types of examinations administered and the testing modifications that were provided for the above applicant while attending your nursing program.

NURSING PROGRAM VERIFICATION

Name of Dean/Director/Representative: _____

Name of School: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

If no testing accommodations were provided by the nursing education program, the applicant shall sign below:

Applicant's Signature: _____ Date: _____

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NCLEX TESTING ACCOMMODATIONS – FORM C

Instructions: the applicant should complete this form to request for any special accommodation for NCLEX Exam. The applicant may provide the required information in their own signed letter.

In order to grant testing accommodations, the Board must submit documentation to the National Council of State Boards of Nursing (NCSBN). The information requested below and any documentation regarding your disability will be considered strictly confidential and will only be shared with NCSBN and the testing service who will administer your examination. Please sign your name at the bottom of this form to indicate your permission for the Board to share information about your disability with NCSBN and the testing service.

Applicant Name: _____ Date of Birth: _____
(Last, First Middle) (MM/DD/YYYY)

Address: _____

Phone No.: _____ E-mail Address: _____

NOTE: It will be necessary for testing staff to speak and correspond with you regarding specific arrangements, therefore, it is important that you provide a current address, daytime telephone number, and current email-address.

- 1. Describe your type of disability (e.g., physical, mental, learning) and how this disability limits a major life activity that makes achievement difficult, requires special education or services, or affects social activities or interactions.**

- 2. Explain the nature and extent of your disability (e.g., hearing impairment, visual impairment, dyslexia, etc.) and how it will affect your ability to take the NCLEX.**

- 3. Describe testing accommodations that you have been provided in the past, if any:**

Applicant Name: _____ Date of Birth: _____

4. Identify the specific accommodations you request by checking the box(s) below.

- Access to Nursing Mother Space
Nursing Mother access to necessary medical equipment to pump. Candidate will use the designated space to pump.
- Aid
Candidate is permitted to bring a particular aid to the testing center and use it during the exam. The candidate provides the aid.
Type of Aid: _____
- Equipment
The candidate is permitted to use specific equipment during the exam. The testing center provides the equipment.
Type of Equipment: _____
- Extra Time - 2 Hours
The Candidate is given two additional hours to complete the exam. The candidate will be given a total of 7 hrs to complete the exam over 1 day. Scheduled, optional breaks will be offered after 2hrs, 4hrs, and 6hrs of exam time.
- Extra Time - 3 Hours
The candidate is given an additional 3 hours to complete the exam. The candidate will be given a total of 8hrs to complete the exam over 1 day. Scheduled, optional breaks will be offered after 2hrs, 4hrs, and 6hrs of exam time.
- Extra Time - Double Time 2 Days
The candidate is given double the exam time to complete the exam over two days. The candidate is allotted 10hrs over 2 days, 5hrs of exam time on each day. Scheduled, optional breaks will be offered after 2hrs and 3.5 hours of exam time each day.
- Extra Time - Other
The candidate is given a custom amount of extra testing time. The administrator must manually extend the exam time to reflect the additional time that the candidate has been approved for. No more than 8 hours of testing time is allowed per day.
Specify amount of extra time: _____
- Other
A non-standard accommodation is requested.
Specify Non-standard accommodation: _____ (attach additional letter as needed).
- Personal Item
Personal item is permitted into the testing room.
List of personal item(s): _____
- Screen Magnifier
A device to magnify the computer screen is permitted in the testing room.
- Separate Room
The exam must be delivered in a private room.
- Separate Room & Reader
A Reader will be present to read directions and test questions. The Reader may not answer or explain any content-related questions. The exam must be delivered in a private room.
- Separate Room & Recorder
A Recorder will be present to input answers as dictated by the candidate. The exam must be delivered in a private room.
- Separate Room & Sign Lang Interp
A sign language interpreter will be present to facilitate communication with test center staff and to sign test questions. The interpreter may not answer or explain any content-related questions. The exam must be delivered in a private room.
- ZoomText (Screen Mag Only)
A software application that allow for magnification greater than 200% and ability to change color of screen/text. Software is activated upon launching the exam.

Applicant's Signature: _____ Date: _____

NOTE: Your signature is necessary to allow the Board permission to share pertinent information related to your disability with the NCSBN to verify the availability of the accommodation(s) and to the testing service to provide the accommodation(s). All documentation will be considered strictly confidential.